

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CAS</i>		<i>9/1/99</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		<i>74619</i>	<i>9/8/99</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date				
Final	Original				
1	10/16/96	✓	✓	✓	✓
2	10/16/96	✓	✓	✓	✓
3	10/16/96	✓	✓	✓	✓
4	10/16/96	✓	✓	✓	✓
5	10/16/96	✓	✓	✓	✓
6	10/16/96	✓	✓	✓	✓
7	10/16/96	✓	✓	✓	✓
8	10/16/96	✓	✓	✓	✓
9	10/16/96	✓	✓	✓	✓
10	10/16/96	✓	✓	✓	✓
11	10/16/96	✓	✓	✓	✓
12	10/16/96	✓	✓	✓	✓
13	10/16/96	✓	✓	✓	✓
14	10/16/96	✓	✓	✓	✓
15	10/16/96	✓	✓	✓	✓
16	10/16/96	✓	✓	✓	✓
17	10/16/96	✓	✓	✓	✓
18	10/16/96	✓	✓	✓	✓
19	10/16/96	✓	✓	✓	✓
20	10/16/96	✓	✓	✓	✓
21	10/16/96	✓	✓	✓	✓
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46	10/16/96	✓	✓	✓	✓
47	10/16/96	✓	✓	✓	✓
48	10/16/96	✓	✓	✓	✓
49	10/16/96	✓	✓	✓	✓
50	10/16/96	✓	✓	✓	✓

Claim	Date				
Final	Original				
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Claim	Date				
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If more than 150 claims or 10 actions  
staple additional sheet here

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